

Office of Medicaid Cost Reimbursement Planning and Finance

000169300 - 2020/07 RI:255.81 / NM:0.00

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

St. August	ine Center for		Provide	er Number: 000)169300	
Living			Date: 7/28/2020 FYE: 11/30/2018			
5155 U.S. ²	1 South					
St. Augusti	ne, FL 32086		Αι	ıdit Status: Una	audited Costs	
Provider Type	e: ICF/IID					
Level of Care		Current Rate		New Rate	Effective Date	
#7		268.19	_	255.81	7/1/2020	
#8	Non-Ambulatory & #9 Medical	0.00		0.00	7/1/2020	
Rate Type:						
itato Typo:	Interim	X	Prospective			
	Total Interim		X	Total Prospective		
	Interim Component			Prospective Adju	sted for New Cost	
	Settlement Based on Co	osts				
Comments:						
Distribution: Contract Man DPODS - DC			W.Rydell	Samuel Cost Reimburser		
Home Office:			Wedicald	Cost Reimburser	nent Analysis	
ı.						
			For	Information only	 No Change in rate 	



Office of Medicaid Cost Reimbursement Planning and Finance

001069500 - 2020/07 RI:404.37 / NM:491.08

For Information only - No Change in rate

2727 Mahan Drive - Mail Stop 23

GOD WE TRUS!	ralianas	ssee, Fiorida 3230)8		
Miner North			Provid	er Number: 001	1069500
85609 Miner Road				Date: 7/2	8/2020
Yulee, FL 32097				FYE: 5/3	1/2019
			А	udit Status: Una	audited Costs
Provider Type: ICF/IID					
Level of Care		Current Rate		New Rate	Effective Date
#7 Institutional	_	417.19	_	404.37	7/1/2020
#8 Non-Ambulatory 8	k #9 Medical	504.47		491.08	7/1/2020
Rate Type:					
Interim		X	Prospective	•	
Total	Interim		X	_Total Prospective	e
	m Component			Prospective Adju	sted for New Cost
Settle	ement Based on Co	osts			
Comments:					
Distribution:				14	2
Contract Management			W.Rydel	l Samuel	
DPODS - DCF (4)			Medicaio	I Cost Reimburser	nent Analysis
Home Office:					, -
Care Centers of Nassau, LLC					

95146 Hendricks Road

Fernandina Beach, FL 32034



Office of Medicaid Cost Reimbursement Planning and Finance

001071000 - 2020/07 RI:381.69 / NM:463.81

For Information only - No Change in rate

Miner South		Provider Number: 001071000			
85474 Miner Road		Date: 7/28/2020			
Yulee, FL 32097			FYE: 5/3	1/2019	
1 4100, 1 2 02007		,	Audit Status: Una	audited Costs	
Provider Type: ICF/IID					
Level of Care	Current Rate		New Rate	Effective Date	
#7 Institutional	390.71		381.69	7/1/2020	
#8 Non-Ambulatory & #9 Medical	473.37	463.81		7/1/2020	
Rate Type:					
Interim	X	Prospectiv	re		
Total Interim		X	Total Prospective	е	
Interim Component			Prospective Adju	sted for New Cost	
Settlement Based on C	Costs				
Comments:					
<u>Distribution:</u>			IA	ζ	
Contract Management		W.Ryde	ell Samuel 🖊		
DPODS - DCF (4)		Medica	id Cost Reimbursen	nent Analysis	
Home Office:					
Care Centers of Nassau, LLC					
95146 Hendricks Road					
Fernandina Beach, FL 32034					



Office of Medicaid Cost Reimbursement Planning and Finance

0101963600 - 2020/07

RI:432.03 / NM:544.33

For Information only - No Change in rate

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

New Horizons (Mentor) 1275 N. Rainbow Loop Lecanto, FL 34461 Provider Type: ICF/IID Level of Care #7 Institutional #8 Non-Ambulatory & #9 Medical		Current Rate 445.31	Provider Number: 010 Date: 7/26 FYE: 1/3 Audit Status: Bud New Rate 432.03	/28/2020 /31/2020	
#	8 Non-Ambu	latory & #9 Medical	561.12	544.33	7/1/2020
Rate Type: X	Interim X	Total Interim Interim Component Settlement Based on C		rospective Total Prospective Prospective Adju	e sted for New Cost
Comments:					
Distribution: Contract Mai DPODS - DO Home Office National Mer 3258 Parksic	CF (4) : ntor Healthca			W.Rydell Samuel Medicaid Cost Reimbursen	nent Analysis

Tampa, FL 33619



Office of Medicaid Cost Reimbursement Planning and Finance

012037000 - 2020/07 RI:373.04 / NM:429.23

For Information only - No Change in rate

Bayview (Mentor)		Provider Number: 012037000 Date: 7/28/2020			
2133 E 12th Street					
Lynn Haven, FL 32444-3109		FYE:	9/30/2018		
,		Audit Status:	Unaudited Costs		
Provider Type: ICF/IID					
Level of Care	Current Rate	New Rate	Effective Date		
#7 Institutional	379.72	373.04	7/1/2020		
#8 Non-Ambulatory & #9 Medical	436.84	429.23	7/1/2020		
Rate Type:					
Interim	X	Prospective			
Total Interim		X Total Prospe	ctive		
Interim Component		Prospective A	Adjusted for New Cost		
Settlement Based on	Costs				
Comments:					
<u>Distribution:</u>			ア		
Contract Management		W.Rydell Samuel	e		
DPODS - DCF (4)		Medicaid Cost Reimbu	rsement Analysis		
Home Office:		oaioaia ooti Koiiiibui	Comone / maryolo		
National Mentor Healthcare, LLC					
3258 Parkside Center Circle					
Tampa, FL 33619					



Seaview (Mentor)

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

012038000 - 2020/07

Provider Number: 012038000

bursement Planning and Finance RI:321.74 / NM:375.23

1204 West	13th Street				Date	: 7/28/2020	
	y, FL 32401	-2015		FYE: 9/30/2018			
	.,, . = 0= .0.	20.0		Αι	udit Status	: Unaudited	Costs
Provider Type	: ICF/IID						
Level of Care			Current Rate		New Rate		Effective Date
#7	Institutional		327.41	_	321.74		7/1/2020
#8	Non-Ambulator	ry & #9 Medical	381.78		375.23	•	7/1/2020
Rate Type:							
•	Interim		Х	Prospective			
		otal Interim		X	Total Prosp	ective	
	In	terim Component			- Prospective	Adjusted for N	New Cost
	s	ettlement Based on Costs	5		-		
Comments:							
5 1 . 111							
Distribution:					-	JK.	
Contract Mana	agement			W.Rydell	Samuel	PV	
DPODS - DCF	= (4)			Medicaid	Cost Reimb	ursement Anal	ysis
Home Office:							
,							
				Foi	r Information	only - No Cha	nge in rate
						•	•



Office of Medicaid Cost Reimbursement Planning and Finance

012040300 - 2020/07

RI:373.05 / NM:430.28

For Information only - No Change in rate

Gulfview (Mentor)		Provider Number: 012040300			
•			7/28/2020		
2603 N State Ave E 12th ST			/30/2019		
Panama City, FL 32405-4359			: Unaudited Costs		
Provider Type: ICF/IID		<u>-</u>			
	Current	New	Effective		
Level of Care	Rate	Rate	Date		
#7 Institutional	381.32	373.05	7/1/2020		
#8 Non-Ambulatory & #9 Medical	441.49	430.28	7/1/2020		
Rate Type:					
Interim	X P	rospective			
Total Interim		X Total Prospect	ive		
Interim Componer	nt	Prospective Ac	ljusted for New Cost		
Settlement Based	on Costs				
Comments:					
<u>Distribution:</u>			不		
Contract Management		W.Rydell Samuel	1		
DPODS - DCF (4)		Medicaid Cost Reimburs	ement Analysis		
Home Office:			,		
National Mentor Healthcare, LLC					
3258 Parkside Center Circle					
Tampa, FL 33619					



Office of Medicaid Cost Reimbursement Planning and Finance

012073200 - 2020/07 RI:448.72 / NM:0.00

For Information only - No Change in rate

2727 Mahan Drive - Mail Stop 23
Tallahassee, Florida 32308

100000, 1 101100 02000			
	Provider Number: 0	12073200	
	Date: 7/28/2020		
	FYE: 10/31/2019		
	Audit Status: Unaudited Costs		
Current	New	Effective	
		Date	
463.58	448.72	7/1/2020	
0.00	0.00	7/1/2020	
X P	rospective		
	X Total Prospect	ive	
_	Prospective Ac	ljusted for New Cost	
Costs			
		_	
		K	
	W.Rydell Samuel	J	
	Medicaid Cost Reimburs	ement Analysis	
		•	
	Current Rate 463.58 0.00	Provider Number: 0 Date: 7/ FYE: 10 Audit Status: U Current Rate Rate 463.58 448.72 0.00 X Prospective X Total Prospect Prospective Acceptable Costs W.Rydell Samuel	

Winston-Salem, NC 27101



Office of Medicaid Cost Reimbursement Planning and Finance

012074200 - 2020/07 RI:368.66 / NM:411.93

For Information only - No Change in rate

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Coletta Drive Group Home		Provider Number: 012074200 Date: 7/28/2020			
(SH of F)					
1604 Coletta Drive		FYE: <u>10</u>	0/31/2018		
Orlando, FL 32807		Audit Status: U	naudited Costs		
Provider Type: ICF/IID					
Level of Care	Current Rate	New Rate	Effective Date		
#7 Institutional	375.34	368.66	7/1/2020		
#8 Non-Ambulatory & #9 Medical	419.42	411.93	7/1/2020		
Rate Type:					
Interim	X	Prospective			
Total Interim		X Total Prospecti	ve		
Interim Component	_	Prospective Ad	justed for New Cost		
Settlement Based on C	Costs				
Comments:					
Distribution:		- h	R		
Contract Management		W.Rydell Samuel			
DPODS - DCF (4)		Medicaid Cost Reimburse	ement Analysis		
Home Office:			,		
Salem Holmes of Florida, Inc.					
8W. Third St., Suite M-7					
Winston-Salem, NC 27101					



Office of Medicaid Cost Reimbursement Planning and Finance

012074800 - 2020/07

RI:359.19 / NM:397.47

For Information only - No Change in rate

WE I'M				
Spring Street Group Home		Provider Number		
(SH of F)		Date: 7/28/2020		
1463 Spring Street		FYE: 10/31/2018		
Lake City, FL 32052		Audit Status	: Unaudited Costs	
Provider Type: ICF/IID				
Level of Care	Current Rate	New Rate	Effective Date	
#7 Institutional	365.76	359.19	7/1/2020	
#8 Non-Ambulatory & #9 Medical	404.75	397.47	7/1/2020	
Rate Type:	V	5		
Interim	X	Prospective	a ati va	
Total Interim		X Total Prosp		
Interim Component Settlement Based on C	aata	Prospective	e Adjusted for New Cost	
Settlement Based on C	OSIS			
Comments:				
			_	
<u>Distribution:</u>			R	
Contract Management		W.Rydell Samuel	FU	
DPODS - DCF (4)		Medicaid Cost Reimb	oursement Analysis	
Home Office:			•	
Salem Holmes of Florida, Inc.				
8W. Third St., Suite M-7				
Winston-Salem, NC 27101				



Office of Medicaid Cost Reimbursement Planning and Finance

012075300 - 2020/07

RI:343.85 / NM:381.93

For Information only - No Change in rate

Walnut Street Group Home		Provider Number: 012075300 Date: 7/28/2020			
(SH of F)					
102 Alexander Road		FYE:	10/31/2019		
Starke, FL 32091		Audit Status:	Unaudited Costs		
Provider Type: ICF/IID					
Level of Care	Current Rate	New Rate	Effective Date		
#7 Institutional	355.86	343.85	7/1/2020		
#8 Non-Ambulatory & #9 Medical	394.33	381.93	7/1/2020		
Rate Type:					
Interim	X	Prospective			
Total Interim		X Total Prospe	ective		
Interim Component		Prospective	Adjusted for New Cost		
Settlement Based on Co	osts				
Comments:					
<u>Distribution:</u>		_	ア		
Contract Management		W.Rydell Samuel	PU		
DPODS - DCF (4)		Medicaid Cost Reimbu	ursement Analysis		
Home Office:			•		
Salem Holmes of Florida, Inc.					
8W. Third St., Suite M-7					
Winston-Salem, NC 27101					



Office of Medicaid Cost Reimbursement Planning and Finance

012075700 - 2020/07

RI:330.85 / NM:378.74

For Information only - No Change in rate

900 WE TA	-			
Bessent Road Group Home		Provider Number: 012	2075700	
(SH of F)		Date: 7/28/2020 FYE: 10/31/2018		
1329 Bessent Road				
Starke, FL 32091		Audit Status: Un	audited Costs	
Provider Type: ICF/IID				
	Current	New	Effective	
Level of Care	Rate	Rate	Date	
#7 Institutional	336.91	330.85	7/1/2020	
#8 Non-Ambulatory & #9 Medical	385.67	378.74	7/1/2020	
Rate Type:	.,			
Interim	X	Prospective Total Brown to		
Total Interim	-	X Total Prospective		
Interim Component Settlement Based on C	-	Prospective Adju	usted for New Cost	
<u>Distribution:</u> Contract Management		W.Rydell Samuel	ζ	
DPODS - DCF (4)		Medicaid Cost Reimburser	mont Analysis	
Home Office:		wieuldaiu Gost Reimburser	HeIII AHAIYSIS	
Salem Holmes of Florida, Inc.				
BW. Third St., Suite M-7				
Winston-Salem, NC 27101				



Office of Medicaid Cost Reimbursement Planning and Finance

012075900 - 2020/07

RI:389.47 / NM:445.45

For Information only - No Change in rate

WE I				
Frederick Avenue Group Home (SH of F) 325 N Frederick Avenue		Provider Number: 012075900 Date: 7/28/2020		
		Daytona Beach, FL 32114		Audit Status:
Provider Type: ICF/IID				
Level of Care	Current Rate	New Rate	Effective Date	
#7 Institutional	386.46	389.47	7/1/2020	
#8 Non-Ambulatory & #9 Medical	436.86	445.45	7/1/2020	
D				
Rate Type:	V	Dragnastiva		
Interim Total Interim	X	Prospective X Total Prospe	activo.	
Interim Component		<u> </u>	Adjusted for New Cost	
Settlement Based on Co	nete	FTOSPECTIVE	Aujusted for New Cost	
Comments:				
<u>Distribution:</u> Contract Management		W.Rydell Samuel	F	
DPODS - DCF (4)			N	
Home Office:		Medicaid Cost Reimbu	rsement Analysis	
Salem Holmes of Florida, Inc.				
8W. Third St., Suite M-7				
Winston-Salem, NC 27101				



Office of Medicaid Cost Reimbursement Planning and Finance

012373500 - 2020/07

RI:367.80 / NM:386.50

Provider Number: 012373500

2727 Mahan Drive - Mail Stop 23

COD WE THE	Tallahassee, Florida 32308

107th Plac	e Group	Home (SH		Provider Number: <u>012373500</u>			
of F)	-	·		Date: 7/28/2020			
2233 NW 41st St Ste 300			FYE: 10/31/2019				
Gainesville, FL 32606		А	udit Status: Una	audited Costs			
Provider Type	e: ICF/IID						
			Current		New	Effective	
Level of Care		Rate		Rate	Date		
		374.53		367.80	7/1/2020		
#8	3 Non-Ambu	ılatory & #9 Medical –	392.96		386.50	7/1/2020	
Rate Type:							
	Interim —		X	Prospective			
		Total Interim		X	Total Prospective		
		Interim Component			Prospective Adju	sted for New Cost	
		Settlement Based on Co	osts				
Distribution:					H	2	
Contract Man	_			W.Rydell Samuel			
DPODS - DC				Medicai	d Cost Reimbursen	nent Analysis	
Home Office:							
Salem Holme		, Inc.					
8W. Third St.							
Winston-Sale	m, NC 271	01					
				Fc	or Information only	- No Change in rate	



Office of Medicaid Cost Reimbursement Planning and Finance

012374200 - 2020/07

RI:398.25 / NM:0.00

For Information only - No Change in rate

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

0	O		Provider Number: 01	2374200
Second Street Group Home Provider Number: 012374200 (SH of F) Date: 7/28/2020				
` ,	41 SE 2nd Street FYE: 10/31/2019			
Ocala, FL 3447		Audit Status: Unaudited Costs		
			Addit Status. U	Taddited Costs
Provider Type: ICF	/IID			
Level of Care		Current Rate	New Rate	Effective Date
#7 Institu	utional	409.17		7/1/2020
#8 Non-	Ambulatory & #9 Medical	0.00	0.00	7/1/2020
			_	
Rate Type:				
Inter	rim	X	Prospective	
	Total Interim		X Total Prospecti	ve
	Interim Component		Prospective Ad	justed for New Cost
	Settlement Based or	n Costs		
Comments:				
<u>Distribution:</u>			1	R
Contract Manageme	ent		W.Rydell Samuel	
DPODS - DCF (4)			Medicaid Cost Reimburse	ement Analysis
Home Office:				,
Salem Holmes of Fl	orida, Inc.			
8W. Third St., Suite	M-7			

Winston-Salem, NC 27101



Office of Medicaid Cost Reimbursement Planning and Finance

012374400 - 2020/07 RI:371.79 / NM:0.00

For Information only - No Change in rate

OD WE THE			
Rosewood Avenue Group		Provider Number:	012374400
Home (SH of F) Date: 7/28/2020			7/28/2020
71 Rosewood Avenue	FYE: 10/31/2019		
Ormond Beach, FL 32174		Audit Status: Unaudited Costs	
Provider Type: ICF/IID			
Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	378.12	371.79	7/1/2020
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2020
Rate Type:	V	.	
Interim	X	Prospective	
Total Interim		X Total Prospe	
Interim Component	N 1-	Prospective /	Adjusted for New Cost
Settlement Based on C	.0515		
Comments:			
Distribution:			TR.
Contract Management		W.Rydell Samuel	P() `
DPODS - DCF (4)		Medicaid Cost Reimbu	rsement Analysis
Home Office:		Modicald Cost Nollibu	100mont / maryoro
Salem Holmes of Florida, Inc.			
8W. Third St., Suite M-7			
Winston-Salem, NC 27101			



Office of Medicaid Cost Reimbursement Planning and Finance

012375400 - 2020/07

RI:397.01 / NM:456.23

19th Street	t Group Home (SH		Provider Number: 012375400			
of F) 529 NW 19th Street Gainesville, FL 32603			Date: 7/28/2020			
			FYE: 10/31/2018			
			A	Audit Status: Un	audited Costs	
Provider Type	e: ICF/IID					
Level of Care		Current Rate		New Rate	Effective Date	
#7 Institutional #8 Non-Ambulatory & #9 Medical		369.70		397.01	7/1/2020	
		414.15		456.23	7/1/2020	
Rate Type:						
	Interim	X	Prospectiv	е		
	Total Interim		X	Total Prospective		
	Interim Component			Prospective Adju	sted for New Cost	
	Settlement Based on C	osts				
Comments:						
Distribution:				14	ζ	
Contract Man	agement		W.Ryde	ell Samuel 🖊		
DPODS - DC	F (4)		Medicaid Cost Reimbursement Analysis			
Home Office:					-	
Salem Holme	s of Florida, Inc.					
8W. Third St.,	Suite M-7					
Winston-Sale	m, NC 27101					
			F	or Information only	- No Change in rate	



Office of Medicaid Cost Reimbursement Planning and Finance

012386400 - 2020/07

RI:383.62 / NM:0.00

For Information only - No Change in rate

Tunis Street Group	Home		Provider Number: 012386400			
(SH of F) 4748 Tunis Street Jacksonville, FL 32205			Date	7/28/2020		
			FYE	: 10/31/2018		
			Audit Status	: Unaudited Costs		
Provider Type: ICF/IID						
Level of Care		Current Rate	New Rate	Effective Date		
#7 Institutional		372.61	383.62	7/1/2020		
#8 Non-Ambul	atory & #9 Medical	0.00	0.00	7/1/2020		
Rate Type:						
Interim		Х	Prospective			
	Total Interim		X Total Prosp	ective		
	Interim Component		Prospective	Adjusted for New Cost		
	Settlement Based on C	osts				
Comments:						
Distribution:			,	T.		
Contract Management			W.Rydell Samuel	R		
DPODS - DCF (4)			Medicaid Cost Reimb	ursement Analysis		
Home Office:			Medicald Cost IVeIIID	arsoment Analysis		
Salem Holmes of Florida,	Inc.					
8W. Third St., Suite M-7						
Winston-Salem, NC 2710)1					



Office of Medicaid Cost Reimbursement Planning and Finance

012390800 - 2020/07

RI:395.29 / NM:0.00

GOD WE TRUS	Talialiassee, Florida 32300
Plaza Oval Group Home (SH of F)	

Plaza Oval	Group Home (SH		Provider Number: <u>012390800</u>			
of F) 247 Plaza Oval Casselberry, FL 32707			Date: 7/28/2020 FYE: 10/31/2019			
			Provider Type:	ICF/IID		
Level of Care		Current Rate	New Rate	Effective Date		
#7 Institutional #8 Non-Ambulatory & #9 Medical		401.93	395.29	7/1/2020		
		0.00	0.00	7/1/2020		
Rate Type:						
	Interim	Χ	Prospective			
	Total Interim		- X Total Prospe	ective		
	Interim Component		Prospective	Adjusted for New Cost		
	Settlement Based on Co	osts				
Comments:						
Distribution:			_	TR.		
Contract Mana	gement		W.Rydell Samuel	RT		
DPODS - DCF	(4)		Medicaid Cost Reimbu	reament Analysis		
Home Office:			Modicald Oost Nellilbe	aroomoni Anarysis		
Salem Holmes	of Florida, Inc.					
8W. Third St.,	Suite M-7					
Winston-Salem	n, NC 27101					
			For Information	only - No Change in rate		



Office of Medicaid Cost Reimbursement Planning and Finance

012392700 - 2020/07

RI:392.27 / NM:440.56

For Information only - No Change in rate

600 WE TRUE	,			
Claudia Drive Group Home		Provider Number: 01	2392700	
(SH of F) 140 Claudia Drive Jacksonville, FL 32218		Date: 7/28/2020		
			/30/2019	
		Audit Status: Ur	naudited Costs	
Provider Type: ICF/IID				
Level of Care	Current Rate	New Rate	Effective Date	
#7 Institutional	407.92	392.27	7/1/2020	
#8 Non-Ambulatory & #9 Medical	456.67	440.56	7/1/2020	
	430.07			
Rate Type:				
Interim	X	Prospective		
 Total Interim		X Total Prospectiv	/e	
Interim Component	•	Prospective Adj	usted for New Cost	
Settlement Based on C	costs			
Distribution:		H	R	
Contract Management		W.Rydell Samuel		
DPODS - DCF (4)		Medicaid Cost Reimburse	ement Analysis	
Home Office:				
Salem Holmes of Florida, Inc.				
8W. Third St., Suite M-7				
Winston-Salem, NC 27101				



Office of Medicaid Cost Reimbursement Planning and Finance

012410100 - 2020/07

RI:328.35 / NM:0.00

High Desert Court Group		Provider Number: 012410100				
Home (SH of F)		Date: <u>7/2</u>				
11818 High Desset Court		FYE: 10/31/2019				
Jacksonville, FL 32218		Audit Status: Ur	naudited Costs			
Provider Type: ICF/IID						
Level of Care	Current Rate	New Rate	Effective Date			
#7 Institutional	335.19	328.35	7/1/2020			
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2020			
Rate Type:						
Interim	X Pr	ospective				
Total Interim		X Total Prospectiv	⁄e			
Interim Componer	nt	Prospective Adj	usted for New Cost			
Settlement Based	on Costs					
Comments:						
Distribution:			P.			
Contract Management		W.Rydell Samuel				
DPODS - DCF (4)		Medicaid Cost Reimburse	ment Analysis			
Home Office:		Wedicald Cost Normburse	ment / maryolo			
Salem Holmes of Florida, Inc.						
8W. Third St., Suite M-7						
Winston-Salem, NC 27101						
		For Information only	No Chango in rato			



Office of Medicaid Cost Reimbursement Planning and Finance

015979000 - 2020/07

RI:359.60 / NM:456.03

Log Cabin Enterpri	ses, Inc.		Provider Number: 015979000			
(Sunrise) 22300 SW 162ND Ave Miami, FL 33170-3907			Date: 7/28/2020 FYE: 6/30/2019			
			Δ.			
			А	udit Status: <u>Una</u> ı	udited Costs	
Provider Type: ICF/IID						
Level of Care #7 Institutional #8 Non-Ambulatory & #9 Medical		Current Rate		New Rate	Effective Date	
		365.58		359.60	7/1/2020	
		462.89		456.03	7/1/2020	
Rate Type:						
Interim		Χ	Prospective	•		
	Total Interim		X	Total Prospective		
	Interim Component			Prospective Adjust	ted for New Cost	
	Settlement Based on Co	osts				
Comments:						
Distribution:				- IR		
Contract Management			W.Rydel	l Samuel		
DPODS - DCF (4)			Medicaid Cost Reimbursement Analysis			
Home Office:			Medicaid	Cost Reimburseme	ent Analysis	
Sunrise Community, Inc.						
9040 Sunset DriveSuite	70-A					
Miami, FL 33170						
			Fo	r Information only -	No Change in rate	



Office of Medicaid Cost Reimbursement Planning and Finance

028000300 - 2020/07

RI:268.09 / NM:396.84

Sandy Park Development		Provider Number: 028000300			
Center	Date: 7/28/2020 FYE: 12/31/2018				
2975 Garden Street North					
Ft. Myers, FL 33917		Audit Status:	Unaudited Costs		
Provider Type: ICF/IID					
Level of Care	Current Rate	New Rate	Effective Date		
#7 Institutional	288.75 268.09 7/1/20		7/1/2020		
#8 Non-Ambulatory & #9 Medica	423.06	396.84	7/1/2020		
Rate Type:					
Interim	X	Prospective			
Total Interim		X Total Prospe			
Interim Compon		Prospective	Adjusted for New Cost		
Settlement Base	ed on Costs				
Comments:					
Distribution: Contract Management DPODS - DCF (4) Home Office:		W.Rydell Samuel Medicaid Cost Reimbu	ursement Analysis		
,		For Information	only. No Change in rate		



Office of Medicaid Cost Reimbursement Planning and Finance

028018601 - 2020/07

For Information only - No Change in rate

RI:362.80 / NM:470.23

St. Petersburg C	Cluster		Provider Number:		
(Sunrise)			Date: _	7/28/2020	
1101 102nd Aver	nue North		FYE:	: 6/30/2019	
St. Petersburg, F	L 33716		Audit Status:	Unaudited Costs	
Provider Type: ICF/	IID				
Level of Care		Current Rate	New Rate	Effective Date	
#7 Institutional #8 Non-Ambulatory & #9 Medical		378.27	362.80	7/1/2020	
		489.02	470.23	7/1/2020	
Rate Type:					
Interi	m	X	Prospective		
	Total Interim		X Total Prospec	ctive	
	Interim Component		Prospective A	Adjusted for New Cost	
	Settlement Based on C	osts			
Comments:					
Distribution:				R	
Contract Manageme	nt		W.Rydell Samuel		
DPODS - DCF (4)			Medicaid Cost Reimbursement Analysis		
Home Office:				, 	
Sunrise Community,	Inc.				
9040 Sunset DriveSu	uite 70-A				
Miami, FL 33170					



Office of Medicaid Cost Reimbursement Planning and Finance

028019401 - 2020/07

For Information only - No Change in rate

RI:481.47 / NM:599.29

Laurel Hill Cluste	er		Provi	der Number: 028	8019401		
2011 Laurel Hill C	2011 Laurel Hill Cluster			Date: 7/28/2020			
Orlando, FL 3281				FYE: 9/30/2019			
Ondrido, 1 E 0201			,	Audit Status: Un	audited Costs		
Provider Type: ICF/II	D						
Level of Care				New Rate	Effective Date		
#7 Instituti			7/1/2020				
#8 Non-Ar			7/1/2020				
Rate Type:							
Interin	า	X	Prospectiv	/e			
	Total Interim		X	Total Prospectiv	е		
	Interim Component			Prospective Adju	usted for New Cost		
	Settlement Based on C	Costs					
Comments:							
					_		
<u>Distribution:</u>				H	Z		
Contract Managemen	t		W.Ryd	ell Samuel 🛚 🖊			
DPODS - DCF (4)			Medicaid Cost Reimbursement Analysis				
Home Office:					•		
Life Concepts, Inc.							
500 EAST COLONIAI	L DR.						
Orlando, FL 32803							



Office of Medicaid Cost Reimbursement Planning and Finance

028020801 - 2020/07

Provider Number: 028020801

RI:369.94 / NM:499.06

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

McCauley Clust	er (Sunrise)		Provide	er Number: <u>028</u>	3020801	
1385 McCauley Road		Date: 7/28/2020				
Tallahassee, FL			FYE: 6/30/2019			
·			Αι	ıdit Status: <u>Una</u>	audited Costs	
Provider Type: ICF/	IID					
Level of Care		Current Rate		New Rate	Effective Date	
		369.94	7/1/2020			
#8 Non-A	Ambulatory & #9 Medical	499.73		499.06	7/1/2020	
					-	
Rate Type:						
Interi	m	Χ	Prospective			
	Total Interim		– · X	Total Prospective	9	
	Interim Component			Prospective Adju	sted for New Cost	
	Settlement Based on C	Costs		•		
Comments:						
<u>Distribution:</u> Contract Manageme	ent		W.Rydell	Samuel	<	
DPODS - DCF (4)				('	and Analysis	
Home Office:			Medicaid	Cost Reimbursen	nent Analysis	
Sunrise Community,	Inc.					
9040 Sunset DriveS						
Miami, FL 33170						
			For	Information only	- No Change in rate	
		-			3	



Office of Medicaid Cost Reimbursement Planning and Finance

028028301 - 2020/07

RI:351.09 / NM:455.53

For Information only - No Change in rate

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308 Provider Number: 028028301 **Greentree Court Cluster** (Sunrise) Date: 7/28/2020 2160 GreenTree Court FYE: 6/30/2019 Audit Status: Unaudited Costs Bartow, FL 33830 Provider Type: ICF/IID Current Effective New Level of Care Rate Rate Date #7 Institutional 353.16 351.09 7/1/2020 #8 Non-Ambulatory & #9 Medical 459.00 455.53 7/1/2020 Rate Type: Prospective Interim Χ **Total Interim** Χ **Total Prospective** Interim Component Prospective Adjusted for New Cost Settlement Based on Costs Comments: **Distribution: Contract Management** W.Rydell Samuel DPODS - DCF (4) Medicaid Cost Reimbursement Analysis Home Office: Sunrise Community, Inc. 9040 Sunset DriveSuite 70-A

Miami, FL 33170



Office of Medicaid Cost Reimbursement Planning and Finance

028029101 - 2020/07

RI:361.77 / NM:499.64

Mahan Cluster (Sur	nrise)		Provid	er Number: 0280	029101	
2034 Mahan Drive			Date: 7/28/2020			
Tallahassee, FL 323	308		FYE: 6/30/2019			
			Α	udit Status: Una	udited Costs	
Provider Type: ICF/IID						
Level of Care Current Rate				New Rate	Effective Date	
#7 Institutiona	#7 Institutional 362.78 361.77 7/		7/1/2020			
#8 Non-Ambu	ulatory & #9 Medical			7/1/2020		
Rate Type:						
Interim		X	Prospective			
	Total Interim		X	Total Prospective		
	Interim Component			Prospective Adjus	ted for New Cost	
	Settlement Based on Co	osts				
Comments:						
Distribution:				-IR		
Contract Management			W.Rydel	l Samuel	`	
DPODS - DCF (4) Medicaid Cost Reimbursement Analysis			ant Analysis			
Home Office:			ivieuicaic	Cost Reimburseme	ent Analysis	
Sunrise Community, Inc.						
9040 Sunset DriveSuite	70-A					
Miami, FL 33170						
			Fo	r Information only -	No Change in rate	



Office of Medicaid Cost Reimbursement Planning and Finance

028030501 - 2020/07

RI:256.51 / NM:309.46

For Information only - No Change in rate

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Provider Number: 028030501 **Lake City Cluster** Date: 7/28/2020 411 Gwen Lake Boulevard FYE: 6/30/2019 Lake City, FL 32055 Audit Status: Unaudited Costs Provider Type: ICF/IID Current Effective New Level of Care Rate Rate Date #7 Institutional 261.71 256.51 7/1/2020 #8 Non-Ambulatory & #9 Medical 313.92 309.46 7/1/2020 Rate Type: Prospective Interim Χ **Total Interim** Χ **Total Prospective** Interim Component Prospective Adjusted for New Cost Settlement Based on Costs Comments: **Distribution: Contract Management** W.Rydell Samuel DPODS - DCF (4) Medicaid Cost Reimbursement Analysis Home Office: Res-Care, Inc. 10140 Linn Station Road

Louisville, KY 40223



Office of Medicaid Cost Reimbursement Planning and Finance

028032101 - 2020/07

RI:259.52 / NM:333.88

For Information only - No Change in rate

WE I					
Gainesville 39th Avenue		Provider Number: 02	8032101		
Cluster (Res-Care)		Date: 7/28/2020			
5914 N.W. 39th Avenue		FYE: 6/3	30/2019		
Gainesville, FL 32606		Audit Status: Un	audited Costs		
Provider Type: ICF/IID					
Level of Care	Current Rate	New Rate	Effective Date		
#7 Institutional	255.38	259.52	7/1/2020		
#8 Non-Ambulatory & #9 Medical	338.49	333.88	7/1/2020		
Rate Type:					
Interim	ХР	rospective			
 Total Interim		X Total Prospectiv	re		
Interim Compone	ent	Prospective Adj	usted for New Cost		
Settlement Based	d on Costs				
Comments:					
			_		
<u>Distribution:</u>		- W	Z		
Contract Management		W.Rydell Samuel			
DPODS - DCF (4)		Medicaid Cost Reimburse	ment Analysis		
Home Office:		saisaia Soci Kolinbuloo			
Res-Care, Inc.					
10140 Linn Station Road					
Louisville, KY 40223					



Office of Medicaid Cost Reimbursement Planning and Finance

028035600 - 2020/07 RI:358.57 / NM:556.03

Provider Number: 028035600

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

PARC Center Apartments		Provider Number: 028	3035600		
3190 75th Street North		Date: 7/28/2020			
St. Petersburg, FL 33170		FYE: 9/30/2018			
g,		Audit Status: Una	audited Costs		
Provider Type: ICF/IID					
	Current	New	Effective		
Level of Care	Rate	Rate	Date		
#7 Institutional	#7 Institutional 362.20 358.57		7/1/2020		
#8 Non-Ambulatory & #9 Medical	560.84	556.03	7/1/2020		
Rate Type: Interim	Х	Prospective			
Total Interim		X Total Prospective	Э		
Interim Componen	- nt	<u> </u>	sted for New Cost		
Settlement Based	_				
<u>Distribution:</u> Contract Management		W.Rydell Samuel	2		
DPODS - DCF (4)		Medicaid Cost Reimbursen	nent Analysis		
Home Office:			ŕ		
,		For Information only	- No Change in rate		



Office of Medicaid Cost Reimbursement Planning and Finance

028036401 - 2020/07 RI:521.71 / NM:649.12

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Skipper Road C	luster		Provider Number: 028036401				
	2611 E. Bearss Avenue			Date: 7/28/2020			
Tampa, FL 3361			FYE: 9/30/2019				
. apa, . = 000			A	Audit Status: Un	audited Costs		
Provider Type: ICF/	'IID						
Level of Care Current Rate				New Rate	Effective Date		
#7 Institutional 510.26				521.71	7/1/2020		
#8 Non-Ambulatory & #9 Medical		688.49		649.12	7/1/2020		
Rate Type:							
Inter	im	X	Prospectiv	е			
	Total Interim		X	Total Prospective	е		
	Interim Component			Prospective Adju	sted for New Cost		
	Settlement Based on C	osts					
Comments:							
Distribution: Contract Manageme	ent		W.Ryde	ell Samuel	<u>ح</u>		
DPODS - DCF (4)			Medica	id Cost Reimburser	ment Analysis		
Home Office:							
Quest, Inc.							
P.O. Box 531125							
Orlando, FL 32853							
			F	or Information only	- No Change in rate		



Office of Medicaid Cost Reimbursement Planning and Finance

028037201 - 2020/07

RI:308.45 / NM:414.15

Pembroke Pines Clu	ster		Provide	er Number: <u>0280</u>	37201		
871 S.W. Douglas Ro	871 S.W. Douglas Road			Date: 7/28/2020			
Pembroke Pines, FL				FYE: 6/30/2019			
			Αι	udit Status: Unau	udited Costs		
Provider Type: ICF/IID							
Level of Care		Current Rate		New Rate	Effective Date		
#7 Institutional 315.64			308.45	7/1/2020			
#8 Non-Ambula	atory & #9 Medical	429.32		414.15	7/1/2020		
Rate Type:							
Interim		Х	Prospective				
	Total Interim		X	Total Prospective			
	Interim Component			Prospective Adjust	ed for New Cost		
	Settlement Based on Costs	3					
Comments:							
<u>Distribution:</u>				TR			
Contract Management			W.Rydell	Samuel			
DPODS - DCF (4)			Medicaid	Cost Reimburseme	ent Analysis		
Home Office:					,		
Ann Storck Center							
1790 S.W. 43RD WAY							
Ft. Lauderdale, FL 33317							
			Foi	Information only - I	No Change in rate		



Office of Medicaid Cost Reimbursement Planning and Finance

028038101 - 2020/07

RI:235.25 / NM:310.54

Provider Number: 028038101

For Information only - No Change in rate

Ocala Cluster (Res-	Care)					
3205 S. E. 17th Street			Date: 7/28/2020			
Ocala, FL 32671				FYE: <u>6/3</u>		
			Αι	udit Status: <u>Un</u>	audited Costs	
Provider Type: ICF/IID						
		Current		New	Effective	
Level of Care Rate				Rate	Date	
#7 Institutiona	_	235.18		235.25	7/1/2020	
#8 Non-Ambulatory & #9 Medical		316.01		310.54	7/1/2020	
Rate Type:						
Interim		Χ	Prospective			
	Total Interim		X	Total Prospective	е	
	Interim Component			Prospective Adju	sted for New Cost	
	Settlement Based on Co	osts				
Comments:						
Distribution:				-14	Z	
Contract Management			W.Rydell	Samuel 📈		
DPODS - DCF (4)			Medicaid	Cost Reimburser	ment Δnalveis	
Home Office:			Medicald	Cost Reimbursei	Hent Analysis	
Res-Care, Inc.						
10140 Linn Station Road						
Louisville, KY 40223						



Williams Road Cluster

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028040201 - 2020/07 RI:522.19 / NM:629.80

Provider Number: 028040201

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

1923 Sarah Louise Drive		Date: 7/28/2020		
Brandon, FL 33510	FYE: 9/30/2019			
Brandon, 1 E 33310		Audit Status: Unaudited Costs		
Provider Type: ICF/IID				
Level of Care	Current Rate	New Rate	Effective Date	
#7 Institutional 540.		522.19	7/1/2020	
#8 Non-Ambulatory & #9 Medic		629.80	7/1/2020	
Rate Type:				
Interim	ХР	rospective		
 Total Interim		X Total Prospectiv	е	
Interim Compo	nent —	Prospective Adju	usted for New Cost	
Settlement Bas	sed on Costs			
Comments:				
Distribution:		-14	Z	
Contract Management		W.Rydell Samuel		
DPODS - DCF (4)		Medicaid Cost Reimburser	ment Δnalvsis	
Home Office:		Wedicald Oost Neimbursel	mont Analysis	
Quest, Inc.				
P.O. Box 531125				
Orlando, FL 32853				
		For Information only	- No Change in rate	



Office of Medicaid Cost Reimbursement Planning and Finance

028041101 - 2020/07

RI:394.74 / NM:553.66

MCP 80th Street		Provider Number:	028041101		
11750 S.W. 80th Street	Date: <u>7/28/2020</u>				
Miami, FL 33183		FYE: <u>6</u> /30/2019			
		Audit Status:	Unaudited Costs		
Provider Type: ICF/IID					
Level of Care	Current Rate	New Rate	Effective Date		
#7 Institutional	396.57	394.74	7/1/2020		
#8 Non-Ambulatory & #9 Medical	575.40	553.66	7/1/2020		
Rate Type:					
Interim	X	Prospective			
Total Interim		X Total Prospe	ective		
Interim Component		Prospective	Adjusted for New Cost		
Settlement Based on	Costs				
Comments:					
Distribution:			TR.		
Contract Management		W.Rydell Samuel	PQ		
DPODS - DCF (4)		Medicaid Cost Reimbo	ursement Analysis		
Home Office:		medicala Cost Rolling	aroomone, analyono		
UCP Of Miami					
1411 NW 14th Ave					
Miami, FL 33125					
		For Information	only - No Change in rate		



Office of Medicaid Cost Reimbursement Planning and Finance

028045301 - 2020/07 RI:445.87 / NM:661.98

For Information only - No Change in rate

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

MCP Braddock

14400 SW 32nd Street

Miami,, FL 33175

Provider Number: 028045301

Date: 7/28/2020

FYE: 6/30/2019

14400 SW 32nd Street Miami,, FL 33175 Audit Status: Unaudited Costs Provider Type: ICF/IID Current New Effective Level of Care Rate Rate Date #7 Institutional 430.84 445.87 7/1/2020 #8 Non-Ambulatory & #9 Medical 711.24 661.98 7/1/2020 Rate Type: Χ Prospective Interim **Total Interim** Χ **Total Prospective** Interim Component Prospective Adjusted for New Cost Settlement Based on Costs Comments:

Distribution:	- R
Contract Management	W.Rydell Samuel
DPODS - DCF (4)	Medicaid Cost Reimbursement Analysis
Home Office:	,
UCP Of Miami	
1411 NW 14th Ave	
Miami, FL 33125	

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Office of Medicaid Cost Reimbursement Planning and Finance

028046101 - 2020/07

RI:427.05 / NM:587.21

MCP 2nd St	treet		Provide	er Number: <u>028</u> 0	046101		
11801 NW S	Second Street			Date: 7/28/2020			
Miami, Fl., F			FYE: 6/30/2019				
, ,			Αι	udit Status: Una	udited Costs		
Provider Type:	ICF/IID						
Level of Care		Current Rate		New Rate	Effective Date		
#7	Institutional	424.15	<u> </u>	427.05	7/1/2020		
#8 Non-Ambulatory & #9 Medical 60		602.18		587.21	7/1/2020		
Rate Type:							
rtato Typo.	Interim	X	Prospective				
	Total Interim		X	Total Prospective			
	Interim Component			Prospective Adjus	ted for New Cost		
	Settlement Based on Co	osts					
Comments:							
Distribution:				IF			
Contract Mana			W.Rydell	Samuel			
DPODS - DCF	(4)		Medicaid	Cost Reimburseme	ent Analysis		
Home Office:							
UCP Of Miami							
1411 NW 14th							
Miami, FL 331	25						
			For	r Information only -	No Change in rate		



Office of Medicaid Cost Reimbursement Planning and Finance

028048801 - 2020/07

RI:413.20 / NM:586.44

MCP Sunset			Date: 7/28/2020 FYE: 6/30/2019			
7100 S.W. 122n	d. Avenue					
Miami, FL 3318	3					
,			Aı	udit Status: Una	udited Costs	
Provider Type: ICF	/IID					
Level of Care		Current Rate		New Rate	Effective Date	
#7 Institutional #8 Non-Ambulatory & #9 Medical		408.75		413.20	7/1/2020	
		601.73		586.44	7/1/2020	
Rate Type:						
Inte	rim	Χ	Prospective			
	Total Interim		X	Total Prospective		
	Interim Component			Prospective Adjus	ted for New Cost	
	Settlement Based on C	osts				
Comments:						
Distribution:				IK		
Contract Managem	ent		W.Rydell	Samuel		
DPODS - DCF (4)			Medicaid	Cost Reimburseme	ent Analysis	
Home Office:			Modicala	- Coot Hombardoni	one / mary oro	
UCP Of Miami						
1411 NW 14th Ave						
Miami, FL 33125						
			Fo	r Information only	No Chango in rata	



Office of Medicaid Cost Reimbursement Planning and Finance

028049601 - 2020/07

RI:361.57 / NM:495.24

For Information only - No Change in rate

Dorchester Cluster (Sunrise) 3201 Ginger Drive Tallahassee, FL 32308 Provider Type: ICF/IID	Current	FYE:	per: 028049601 ate: 7/28/2020 YE: 6/30/2019 tus: Unaudited Costs Effective	
Level of Care	Rate	Rate	Date	
#7 Institutional	371.10	361.57	7/1/2020	
#8 Non-Ambulatory & #9 Medio	504.93	495.24	7/1/2020	
Rate Type:				
Interim	X Pı	rospective		
Total Interim	_	X Total Prosp		
Interim Compoi		Prospective	Adjusted for New Cost	
Settlement Bas	sed on Costs			
Comments:				
Distribution:		,	ア	
Contract Management		W.Rydell Samuel	PU	
DPODS - DCF (4)		Medicaid Cost Reimb	ursement Analysis	
Home Office:			•	
Sunrise Community, Inc.				
9040 Sunset DriveSuite 70-A				
Miami, FL 33170				



Office of Medicaid Cost Reimbursement Planning and Finance

028059300 - 2020/07

RI:258.19 / NM:0.00

For Information only - No Change in rate

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Provider Number: 028059300 146th Place Grp Home #10 (Sunrise) Date: 7/28/2020 10521 S.W. 146th Place FYE: 6/30/2019 Audit Status: Unaudited Costs Miami, FL 33186 Provider Type: ICF/IID Current Effective New Level of Care Rate Rate Date #7 Institutional 260.36 258.19 7/1/2020 #8 Non-Ambulatory & #9 Medical 0.00 0.00 7/1/2020 Rate Type: Prospective Interim Χ **Total Interim** Χ **Total Prospective** Interim Component Prospective Adjusted for New Cost Settlement Based on Costs Comments: **Distribution: Contract Management** W.Rydell Samuel DPODS - DCF (4) Medicaid Cost Reimbursement Analysis Home Office: Sunrise Community, Inc. 9040 Sunset DriveSuite 70-A

Miami, FL 33170



Office of Medicaid Cost Reimbursement Planning and Finance

028062300 - 2020/07

RI:280.69 / NM:331.15

For Information only - No Change in rate

2727 Mahan Drive - Mail Stop 23

GOD WE TRUST	Tallahas	ssee, Florida 3230	8		
119th Street Grp Home #	11		Provider N	Number: 028	062300
(Sunrise)				Date: 7/28	3/2020
13350 S.W. 119th Street				FYE: 6/30	0/2019
Miami, FL 33186			Audit	Status: Una	audited Costs
Provider Type: ICF/IID					
Level of Care		Current Rate		lew tate	Effective Date
#7 Institutional	_	283.09		0.69	7/1/2020
#8 Non-Ambulatory & #9 Medical 334.03 331.15		1.15	7/1/2020		
	_				
Rate Type:					
Interim		X	Prospective		
 Tota	l Interim	-	X To	tal Prospective)
Inter	im Component		Pro	ospective Adju	sted for New Cost
Settl	ement Based on C	osts			
Comments:					
Commonto.					
Distribution:				- IX	>
Contract Management			W.Rydell Sa	muel 檱	
DPODS - DCF (4)				st Reimbursem	ant Analysis
Home Office:			Medicald CO	at izeiiiibuiaeii	IGIT Allalysis

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Sunrise Community, Inc.

Miami, FL 33170

9040 Sunset DriveSuite 70-A



Office of Medicaid Cost Reimbursement Planning and Finance

028065800 - 2020/07 RI:278.44 / NM:0.00

2727 Mahan Drive - Mail Stop 23

22nd Street Grp Home #6 (Sunrise)			Provider Number: 028065800 Date: 7/28/2020			
444 N.W. 22nd \$	Street		FYE: 6/30/2019			
Homestead, FL			A	Audit Status: Unaudited Costs		
Provider Type: ICF			•	Tagit Gratagi Gri		
Trovider Type. 101	/IID	Current		New	Effective	
Level of Care		Rate		Rate	Date	
#7 Instit	utional	280.54		278.44	7/1/2020	
#8 Non-	Ambulatory & #9 Medical	0.00	0.00 7/		7/1/2020	
Rate Type:						
Inter	rim	X	Prospectiv	е		
	Total Interim	_	X	Total Prospective	е	
	Interim Component			Prospective Adju	sted for New Cost	
	Settlement Based on C	osts				
Comments:						
Distribution: Contract Manageme	ent		W.Ryde	ell Samuel	ζ	
DPODS - DCF (4)			Medicai	id Cost Reimburser	nent Analysis	
Home Office:						
Sunrise Community						
9040 Sunset DriveS	Suite 70-A					
Miami, FL 33170						
			F	or Information only	- No Change in rate	



Office of Medicaid Cost Reimbursement Planning and Finance

028427100 - 2020/07

RI:277.54 / NM:358.33

Fern Park	Developmental		Provide	er Number: <u>028</u>	427100	
Center	•		Date: 7/28/2020			
230 Fern Pa	ark Boulevard			3/2019		
Fern Park,	FL 32730		Αι	udit Status: Una	audited Costs	
Provider Type	e: ICF/IID					
Level of Care		Current Rate		New Rate	Effective Date	
#7	#7 Institutional 283.69 277.54		7/1/2020			
#8 Non-Ambulatory & #9 Medical		366.20		358.33	7/1/2020	
Rate Type:						
	Interim —	X	Prospective			
	Total Interim		X	Total Prospective		
	Interim Component	0		Prospective Adjust -	sted for New Cost	
	Settlement Based on	Costs				
Comments:						
Distribution:				W	<	
Contract Man	agement		W.Rydell	Samuel 👭		
DPODS - DCI	F (4)		Medicaid	Cost Reimbursem	nent Analysis	
Home Office:					,	
DDMS						
5050 Poplar <i>A</i> 718	Avenue Suite 2000Suite					
Memphis, TN	38157					
			Foi	r Information only -	No Change in rate	



Office of Medicaid Cost Reimbursement Planning and Finance

028500500 - 2020/07

RI:251.26 / NM:0.00

For Information only - No Change in rate

Naranja Group Home	Provider Number	: 028500500		
(Sunrise)		Date	7/28/2020	
15190 S.W. 272nd Street		FYE	: 6/30/2019	
Naranja, FL 33032		Audit Status	: Unaudited Costs	
Provider Type: ICF/IID				
Level of Care	Current Rate	New Rate	Effective Date	
#7 Institutional	252.65	251.26	7/1/2020	
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2020	
Rate Type:				
Interim	X	Prospective		
Total Interim		X Total Prosp	ective	
Interim Component		Prospective	e Adjusted for New Cost	
Settlement Based on C	Costs			
Comments:				
<u>Distribution:</u>			K	
Contract Management		W.Rydell Samuel	R)	
DPODS - DCF (4)		Medicaid Cost Reimb	ursement Analysis	
Home Office:		modical describing	and a strict of the strict of	
Sunrise Community, Inc.				
9040 Sunset DriveSuite 70-A				
Miami, FL 33170				



Office of Medicaid Cost Reimbursement Planning and Finance

028505600 - 2020/07

For Information only - No Change in rate

RI:342.23 / NM:524.07

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Provider Number: 028505600 **PARC Cottage** Date: 7/28/2020 3101 76th Way North FYE: 9/30/2018 St. Petersburg, FL 33710 Audit Status: Unaudited Costs Provider Type: ICF/IID Current Effective New Level of Care Rate Rate Date #7 Institutional 353.03 342.23 7/1/2020 #8 Non-Ambulatory & #9 Medical 535.96 524.07 7/1/2020 Rate Type: Prospective Interim **Total Interim** Χ **Total Prospective** Interim Component Prospective Adjusted for New Cost Settlement Based on Costs Comments: **Distribution: Contract Management** W.Rydell Samuel DPODS - DCF (4) Medicaid Cost Reimbursement Analysis Home Office:



Office of Medicaid Cost Reimbursement Planning and Finance

028512900 - 2020/07 RI:294.02 / NM:0.00

For Information only - No Change in rate

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Provider Number: 028512900 MACtown, Inc. Date: 7/28/2020 151 NE 62nd Street FYE: 9/30/2015 Miami, FL 33138 Audit Status: Unaudited Costs Provider Type: ICF/IID Current Effective New Level of Care Rate Rate Date #7 Institutional 299.16 294.02 7/1/2020 #8 Non-Ambulatory & #9 Medical 0.00 0.00 7/1/2020 Rate Type: Interim Prospective **Total Interim Total Prospective** Interim Component Prospective Adjusted for New Cost Settlement Based on Costs Comments: **Distribution: Contract Management** W.Rydell Samuel DPODS - DCF (4) Medicaid Cost Reimbursement Analysis Home Office:



Office of Medicaid Cost Reimbursement Planning and Finance

028513700 - 2020/07 RI:314.79 / NM:384.45

2727 Mahan Drive - Mail Stop 23

New Horizo	New Horizons of NW Florida,			Provider Number: 028513700			
Inc.		,		Date: 7/28/2020 FYE: 9/30/2018			
10050 Hillvi	iew Road						
Pensacola,	FL 32514			А	Audit Status: Unaudited Costs		
Provider Type	e: ICF/IID						
Level of Care			Current Rate		New Rate	Effective Date	
		314.93		314.79	7/1/2020		
		385.01		384.45	7/1/2020		
Rate Type:							
	Interim		Х	Prospective			
		Total Interim		X	Total Prospective)	
		Interim Component			Prospective Adju	sted for New Cost	
		Settlement Based on Co	osts				
Comments:							
<u>Distribution:</u> Contract Man	•			W.Rydel	I Samuel	2	
DPODS - DCI	F (4)			Medicaio	l Cost Reimbursen	nent Analysis	
Home Office:							
,							
·				Fo	r Information only	- No Change in rate	



Office of Medicaid Cost Reimbursement Planning and Finance

028519600 - 2020/07 RI:372.30 / NM:0.00

Provider Number: 028519600

2727 Mahan Drive - Mail Stop 23

BARC Housing, Inc.	Provider Number: 028519600					
10250 N.W. 53rd Street			Date: 7/28/2020			
Sunrise, FL 33351		FYE: 9/30/2019				
,		Αι	udit Status: Una	udited Costs		
Provider Type: ICF/IID						
Level of Care	Current Rate		New Rate	Effective Date		
#7 Institutional	377.65		372.30	7/1/2020		
#8 Non-Ambulatory & #9 Medical	0.00		0.00	7/1/2020		
Rate Type:						
Interim	X	Prospective				
Total Interim		X	Total Prospective			
Interim Component			Prospective Adjus	sted for New Cost		
Settlement Based on Co	osts					
Comments:						
Distribution: Contract Management DPODS - DCF (4) Home Office:		W.Rydell Medicaid	Samuel Cost Reimburseme	ent Analysis		
,		Foi	r Information only -	No Change in rate		



Office of Medicaid Cost Reimbursement Planning and Finance

028520000 - 2020/07

Planning and Finance RI:263.33 / NM:358.17

Pensacola Care, Inc.		Provider Number: 02	28520000		
One Villa Drive		Date: 7/28/2020 FYE: 9/30/2019			
Pensacola, FL 32506					
1 0100001a, 1 E 02000		Audit Status: U	naudited Costs		
Provider Type: ICF/IID					
Level of Care	Current Rate	New Rate	Effective Date		
#7 Institutional	265.51	263.33	7/1/2020		
#8 Non-Ambulatory & #9 Medical	361.03	358.17	7/1/2020		
Rate Type:					
Interim	ХР	rospective			
Total Interim		X Total Prospect	ive		
Interim Compone	nt	Prospective Ac	djusted for New Cost		
Settlement Based	d on Costs				
Comments:					
<u>Distribution:</u>			不		
Contract Management		W.Rydell Samuel			
DPODS - DCF (4)		Medicaid Cost Reimburs	ement Analysis		
Home Office:			,		
Quest Management Group					
311 North Spring Street					
Pensacola, FL 32501					
		For Information on	ly - No Change in rate		



Office of Medicaid Cost Reimbursement Planning and Finance

028521800 - 2020/07 RI:318.00 / NM:411.67

For Information only - No Change in rate

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Ann Storck Center, Inc. Provider Number: <u>028521800</u>			028521800	
1790 S.W. 43rd Way			Date:	7/28/2020
Ft. Lauderdale, FL 33317			FYE:	9/30/2019
		Αι	udit Status: 「	Unaudited Costs
Provider Type: ICF/IID			-	
	Current		New	Effective
Level of Care	Rate		Rate	Date
#7 Institutional	314.62		318.00	7/1/2020
#8 Non-Ambulatory & #9 Medical	408.95		411.67	7/1/2020
Rate Type:				
Interim	X	Prospective		
Total Interim		X	Total Prospect	
Interim Component			Prospective A	Adjusted for New Cost
Settlement Based on C	osts			
Comments:				
Distribution:				TR
Contract Management		W.Rydell	Samuel	
DPODS - DCF (4)				rsement Analysis
Home Office:		ivicultatu	COSt Itellibul	Comonic / trialy 515
Ann Storck Center				
1790 S.W. 43RD WAY				

Ft. Lauderdale, FL 33317



Office of Medicaid Cost Reimbursement Planning and Finance

028522600 - 2020/07

RI:355.98 / NM:459.50

2727 Mahan Drive - Mail Stop 23

GOD WE TUS	Tallahassee, Florida 32308

Tallahassee Develo	opmental		Provider Number: 028522600 Date: 7/28/2020			
Center						
455 Appleyard Drive)		FYE: 9/30/2019			
Tallahassee, FL 32	304		Αι	udit Status: Una	audited Costs	
Provider Type: ICF/IID						
Level of Care		Current Rate		New Rate	Effective Date	
#7 Institution	al -	360.97		355.98	7/1/2020	
		465.18		459.50	7/1/2020	
Rate Type:						
Interim		X	Prospective			
	Total Interim		X	Total Prospective)	
	Interim Component			Prospective Adju	sted for New Cost	
	Settlement Based on C	osts				
Comments:						
Distribution:				- IK	,	
Contract Management			W Dydall	11		
DPODS - DCF (4)			W.Rydell			
Home Office:			Medicaid	Cost Reimbursen	nent Analysis	
Quest Management Gro						
311 North Spring Street						
Pensacola, FL 32501						
			For	Information only	No Change in rate	



Office of Medicaid Cost Reimbursement Planning and Finance

028524200 - 2020/07 RI:297.14 / NM:411.42

For Information only - No Change in rate

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308 Provider Number: 028524200 Ft. Walton Beach **Developmental Ctr.** Date: 7/28/2020 1045 Mar Walt Drive FYE: 9/30/2018 Audit Status: Unaudited Costs Ft. Walton Beach, FL 32547 Provider Type: ICF/IID Current Effective New Level of Care Rate Rate Date #7 Institutional 302.79 297.14 7/1/2020 #8 Non-Ambulatory & #9 Medical 420.49 411.42 7/1/2020 Rate Type: Prospective Interim Χ **Total Interim** Χ **Total Prospective** Interim Component Prospective Adjusted for New Cost Settlement Based on Costs Comments: **Distribution: Contract Management** W.Rydell Samuel DPODS - DCF (4) Medicaid Cost Reimbursement Analysis Home Office: Quest Management Group 311 North Spring Street Pensacola, FL 32501



Office of Medicaid Cost Reimbursement Planning and Finance

028526900 - 2020/07

RI:304.32 / NM:400.75

For Information only - No Change in rate

Panama City Developmental Provider Number: <u>028526900</u>			
Center		Date: 7/2	28/2020
1407 Lincoln DriveP.O. Box		FYE: 9/3	30/2019
456		Audit Status: Un	audited Costs
Panama City, FL 32401			
Provider Type: ICF/IID			
Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	306.81	304.32	7/1/2020
#8 Non-Ambulatory & #9 Medical	404.05	400.75	7/1/2020
Rate Type:			
Interim	X Pr	ospective	
Total Interim		X Total Prospectiv	re
Interim Component	<u> </u>	Prospective Adj	usted for New Cost
Settlement Based of	on Costs		
Comments:			
<u>Distribution:</u>		-4	R
Contract Management		W.Rydell Samuel	
DPODS - DCF (4)		Medicaid Cost Reimburse	ment Analysis
Home Office:		Modicald Cost Neillibulse	mont Analysis
Quest Management Group			
311 North Spring Street			
Pensacola, FL 32501			



Office of Medicaid Cost Reimbursement Planning and Finance

028530700 - 2020/07

RI:250.89 / NM:334.20

For Information only - No Change in rate

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Hillsborough County	Provider Number: 028530700				
Developmental Ctr		Date: 7/28/2020 FYE: 9/30/2019			
14219 Bruce B Downs					
Boulevard		Audit Status:	Unaudited Costs		
Tampa, FL 33613		•			
Provider Type: ICF/IID					
Level of Care	Current Rate	New Rate	Effective Date		
#7 Institutional	249.76		7/1/2020		
#8 Non-Ambulatory & #9 Medical	333.67	334.20	7/1/2020		
Rate Type:					
Interim	Χ	Prospective			
Total Interim	-	X Total Prospe	ective		
Interim Component		Prospective	Adjusted for New Cost		
Settlement Based on C	Costs				
Commonto.					
Comments:					
<u>Distribution:</u>			ア		
Contract Management		W.Rydell Samuel	PU		
DPODS - DCF (4)		Medicaid Cost Reimbu	rsement Analysis		
Home Office:			,		
Quest Management Group					
311 North Spring Street					

Pensacola, FL 32501



Office of Medicaid Cost Reimbursement Planning and Finance

028531500 - 2020/07

RI:386.58 / NM:484.24

Woodhous	se, Inc		Provider Number: 028531500			
	1001 N.E. 3rd Avenue			Date: 7/28/2020		
	Beach, FL 33060		FYE: 6/30/2019		0/2019	
			Audi	t Status: Una	udited Costs	
Provider Type	e: ICF/IID					
Level of Care		Current Rate		New Rate	Effective Date	
#7	' Institutional	406.27	- - 3 8	36.58	7/1/2020	
#8 Non-Ambulatory & #9 Medical		490.15	48	34.24	7/1/2020	
Rate Type:						
	Interim	X	Prospective			
	Total Interim		X To	otal Prospective		
	Interim Component		Pı	ospective Adjus	sted for New Cost	
	Settlement Based on C	costs				
Comments:						
<u>Distribution:</u> Contract Man	agement		W.Rydell Sa	amuel #		
DPODS - DC				('	vant Analysia	
Home Office:			iviedicaid Co	ost Reimbursem	ient Analysis	
,			For In	formation only -	No Change in rate	



Cape Coral Cluster (Sunrise)

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028533100 - 2020/07

RI:353.63 / NM:445.17

Provider Number: 028533100

2727 Mahan Drive - Mail Stop 23

	()				
2821 Pine Island	l Road, S.W.			Date: <u>7/28</u>	
Cape Coral, FL	33991			FYE: 6/30	/2019
,			Αι	udit Status: Una	udited Costs
Provider Type: ICF	/IID				
Level of Care		Current Rate		New Rate	Effective Date
#7 Institu	utional -	354.17		353.63	7/1/2020
		446.31		445.17	7/1/2020
#6 H6H /	-	770.31			17172020
Rate Type:					
Inter		X	Prospective		
	Total Interim		X	Total Prospective	
	Interim Component			Prospective Adjust	ted for New Cost
	Settlement Based on C	osts			
Comments:					
Distribution:				1	
Contract Manageme	ent		W.Rydell	Samuel	
DPODS - DCF (4)			Medicaid	Cost Reimburseme	ent Analysis
Home Office:			Modrodia	Coot (Cimbardonic	one randiyolo
Sunrise Community	, Inc.				
9040 Sunset DriveS	Suite 70-A				
Miami, FL 33170					
			Fo	r Information only -	No Change in rate
		_			



Office of Medicaid Cost Reimbursement Planning and Finance

028536600 - 2020/07 RI:255.23 / NM:288.07

2727 Mahan Drive - Mail Stop 23

•	Squire Court Community				Provider Number: 028536600			
Home (Res-Care)			Date: 7/28/2020					
95 Squire Court			FYE: 6/30/2019					
Dunedin, FL 34698			A	udit Status: Una	audited Costs			
Provider Type: ICF/IID								
Level of Care		Current Rate		New Rate	Effective Date			
#7 Institutiona	- I	259.66		255.23	7/1/2020			
#8 Non-Ambulatory & #9 Medical		292.72		288.07	7/1/2020			
Rate Type:								
Interim		Х	Prospective	Э				
	Total Interim		X	Total Prospective	Э			
	Interim Component			Prospective Adju	sted for New Cost			
	Settlement Based on Co	osts						
Comments:								
Distribution:				IA	2			
Contract Management			W.Ryde	ll Samuel				
DPODS - DCF (4)			Medicai	d Cost Reimburser	nent Analysis			
Home Office:								
Res-Care, Inc.								
10140 Linn Station Road								
Louisville, KY 40223								
			Fo	or Information only	- No Change in rate			



Office of Medicaid Cost Reimbursement Planning and Finance

028537400 - 2020/07

RI:268.45 / NM:0.00

For Information only - No Change in rate

WE I'M				
Bayview Community Home		Provider Number: 02		
(Res-Care)		Date: 7/2	28/2020	
3438 S.R. 580		FYE: 6/30/2019		
Safety Harbor, FL 34695		Audit Status: Un	audited Costs	
Provider Type: ICF/IID				
Level of Care	Current Rate	New Rate	Effective Date	
#7 Institutional	276.40	268.45	7/1/2020	
#8 Non-Ambulatory & #9 Medica	0.00	0.00	7/1/2020	
Rate Type:				
Interim	Х	Prospective		
Total Interim		X Total Prospectiv	re	
Interim Compone	ent –	Prospective Adj	usted for New Cost	
Settlement Base	d on Costs			
Comments:				
Distribution:		-14	Z	
Contract Management		W.Rydell Samuel		
DPODS - DCF (4)		Medicaid Cost Reimburse	ment Analysis	
Home Office:		Modicala Cost Nonliburse		
Res-Care, Inc.				
10140 Linn Station Road				
Louisville, KY 40223				



Hendricks

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028539100 - 2020/07 RI:422.25 / NM:518.42

Provider Number: 028539100

2727 Mahan Drive - Mail Stop 23

95146 Hendricks Rd, Bldg D		Date: 7/28/2020 FYE: 5/31/2019 Audit Status: Unaudited Costs			
Fernandina Beach, FL 32034-					
1474					
Provider Type: ICF/IID					
Level of Care	Current Rate	New Rate	Effective Date		
#7 Institutional	437.39	422.25	7/1/2020		
#8 Non-Ambulatory & #9 Medical	534.18	518.42	7/1/2020		
Rate Type:					
Interim	Х	Prospective			
Total Interim		X Total Pros	spective		
Interim Componen	ıt	Prospecti	ve Adjusted for New Cost		
Settlement Based	on Costs				
Comments:					
Distribution:			R		
Contract Management		W.Rydell Samuel	R		
DPODS - DCF (4)		Medicaid Cost Rein	nbursement Analysis		
Home Office:			,		
Care Centers of Nassau, LLC					
95146 Hendricks Road					
Fernandina Beach, FL 32034					
		For Information	on only - No Change in rate		



Office of Medicaid Cost Reimbursement Planning and Finance

028541200 - 2020/07 RI:257.51 / NM:291.35

2727 Mahan Drive - Mail Stop 23

Гwin Lane Comn	nunity Home		Provider Number: 028541200 Date: 7/28/2020			
(Res-Care)						
2281 Twin Lane D	Prive		FYE: 6/30/2019			
Dundedun, FL 34	698		Aı	udit Status: Una	audited Costs	
Provider Type: ICF/II	D					
_evel of Care		Current Rate		New Rate	Effective Date	
#7 Institutional		260.37		257.51	7/1/2020	
#8 Non-Ambulatory & #9 Medical		294.43		291.35	7/1/2020	
Rate Type: Interin	n	X	Prospective			
	Total Interim		 X	Total Prospective	•	
	Interim Component			Prospective Adjus	sted for New Cost	
	Settlement Based on C	osts		-		
Comments:						
<u>Distribution:</u> Contract Managemen	ıt		W.Rydell	l Samuel	<	
DPODS - DCF (4)			Medicaid	l Cost Reimbursem	nent Analysis	
Home Office:						
Res-Care, Inc.						
10140 Linn Station Ro	oad					
ouisville, KY 40223						
			Fo	r Information only -	· No Change in rate	



DPODS - DCF (4)

Miami, FL 33170

Sunrise Community, Inc.
9040 Sunset DriveSuite 70-A

Home Office:

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028547100 - 2020/07

RI:234.70 / NM:0.00

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate

2727 Mahan Drive - Mail Stop 23

GOD WE TRUST		Tallahassee, Florida 32308				
62nd Place	Grp Hor	me #17		Provider Number:		
(Sunrise)				Date: 7/28/2020 FYE: 6/30/2019		
19963 N.W.	62nd Pla	ace				
Miami Lakes	s, FL 330	015		Audit Status:	Unaudited Costs	
Provider Type:	: ICF/IID					
Level of Care			Current Rate	New Rate	Effective Date	
#7 Institutional		236.30	234.70	7/1/2020		
#8 Non-Ambulatory & #9 Medical		0.00	0.00	7/1/2020		
		_				
Rate Type:						
,,	Interim		Χ	Prospective		
	_	Total Interim	-	X Total Prospe	ctive	
		Interim Component		Prospective .	Adjusted for New Cost	
		Settlement Based on Co	ests			
Commentar						
Comments:						
						
Distribution:					JK.	
Contract Mana	agement			W.Rydell Samuel	eV.	



Office of Medicaid Cost Reimbursement Planning and Finance

028548000 - 2020/07

RI:265.66 / NM:312.48

138th Court Grp Home #16			Provider Number: 028548000 Date: 7/28/2020			
(Sunrise)						
3210 S.W. 138th Court			FYE: 6/30/2019			
Miami, FL 33175			Αι	udit Status: <u>Una</u>	audited Costs	
Provider Type: ICF/IID						
Level of Care		Current Rate		New Rate	Effective Date	
#7 Institutional #8 Non-Ambulatory & #9 Medical		271.61	<u> </u>	265.66	7/1/2020	
		318.90		312.48	7/1/2020	
Rate Type:						
Interim		Х	Prospective			
Total In	terim		X	Total Prospective)	
Interim	Component			Prospective Adju	sted for New Cost	
Settlem	ent Based on Co	sts				
Comments:						
Distribution:				4	ζ	
Contract Management			W.Rydell	Samuel 🖊		
DPODS - DCF (4)			Medicaid Cost Reimbursement Analysis			
Home Office:			Modicala		ione, mary ore	
Sunrise Community, Inc.						
9040 Sunset DriveSuite 70-A						
Miami, FL 33170						
			Foi	Information only	- No Change in rate	



Office of Medicaid Cost Reimbursement Planning and Finance

028552800 - 2020/07 RI:245.12 / NM:287.25

2727 Mahan Drive - Mail Stop 23

26th Terrace Grp Ho	ome #12		Provider Number: 028552800			
(Sunrise) 1219 26th Terrace Cape Coral, FL 33904			Date: 7/28/2020 FYE: 6/30/2019			
			Provider Type: ICF/IID			
Level of Care		Current Rate		New Rate	Effective Date	
#7 Institutional #8 Non-Ambulatory & #9 Medical		249.26	_	245.12	7/1/2020	
		291.66		287.25	7/1/2020	
Rate Type:						
Interim		X	Prospective)		
	Total Interim		X	Total Prospective	е	
	Interim Component			Prospective Adju	sted for New Cost	
	Settlement Based on C	osts				
Comments:						
Distribution					-	
<u>Distribution:</u>				H	<	
Contract Management			W.Rydel	l Samuel		
DPODS - DCF (4)			Medicaio	d Cost Reimburser	ment Analysis	
Home Office:						
Sunrise Community, Inc.						
9040 Sunset DriveSuite 7	'0-A					
Miami, FL 33170						
			Fo	r Information only	- No Change in rate	



Office of Medicaid Cost Reimbursement Planning and Finance

028553600 - 2020/07 RI:271.00 / NM:0.00

2727 Mahan Drive - Mail Stop 23

	eadows Grp Home		Provide	Provider Number: 028553600			
#13 (Sunrise) 1950 Country Meadows Circle Sarasota, FL 34235				Date: 7/28/2020 FYE: 6/30/2019 Audit Status: Unaudited Costs			
			٨٠				
			A	Juli Status. One	dudited Costs		
Provider Type	: ICF/IID						
Level of Care		Current Rate		New Rate	Effective Date		
#7 Institutional		280.89		271.00	7/1/2020		
#8	Non-Ambulatory & #9 Medical	0.00		0.00	7/1/2020		
Rate Type:							
rate Type:	Interim	Х	Prospective				
	Total Interim		X	Total Prospective)		
	Interim Component			Prospective Adju	sted for New Cost		
	Settlement Based on C	osts					
Comments:							
Distribution:				H	ζ		
Contract Mana			W.Rydell	Samuel /			
DPODS - DCF	= (4)		Medicaid	Cost Reimbursen	nent Analysis		
Home Office:							
Sunrise Comm	nunity, Inc.						
9040 Sunset D	DriveSuite 70-A						
Miami, FL 33°	170						
			Foi	Information only	- No Change in rate		



Office of Medicaid Cost Reimbursement Planning and Finance

028557900 - 2020/07

RI:238.42 / NM:0.00

For Information only - No Change in rate

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

WE I					
148th Court Grp Home #20		Provider Number: 02			
(Sunrise)		Date: 7/28/2020			
5436 S.W. 148th Court		FYE: 6/3	30/2019		
Miami, FL 33185		Audit Status: Un	audited Costs		
Provider Type: ICF/IID					
Landat One	Current	New	Effective		
Level of Care	Rate	Rate	Date		
#7 Institutional	240.63	238.42	7/1/2020		
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2020		
Rate Type:					
Interim	X Pro	ospective			
 Total Interim		X Total Prospectiv	е		
Interim Componen	nt	Prospective Adju	usted for New Cost		
Settlement Based	on Costs				
Comments:					
<u>Distribution:</u>			7		
Contract Management		W.Rydell Samuel			
DPODS - DCF (4)		Medicaid Cost Reimbursement Analysis			
Home Office:		Modicald Cost Nellibulse	mont Analysis		
Sunrise Community, Inc.					
9040 Sunset DriveSuite 70-A					

Miami, FL 33170



Office of Medicaid Cost Reimbursement Planning and Finance

028558700 - 2020/07

RI:268.93 / NM:0.00

For Information only - No Change in rate

Sunrise Oakmont	Provider Number: 028558700 Date: 7/28/2020				
19420 W. Oakmont Drive					
Miami Lakes, FL 33015		FYE: <u>6/3</u>	30/2019		
·		Audit Status: Ur	naudited Costs		
Provider Type: ICF/IID					
Level of Care	Current Rate	New Rate	Effective Date		
#7 Institutional	272.69	268.93	7/1/2020		
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2020		
Rate Type:					
Interim	X F	Prospective			
 Total Interim		X Total Prospectiv	/e		
Interim Component	_	Prospective Adj	usted for New Cost		
Settlement Based on	Costs				
Comments:					
Distribution		_	7		
Distribution:		W	K		
Contract Management		W.Rydell Samuel			
DPODS - DCF (4)		Medicaid Cost Reimburse	ment Analysis		
Home Office:					
Sunrise Community, Inc.					
9040 Sunset DriveSuite 70-A					
Miami, FL 33170					



Office of Medicaid Cost Reimbursement Planning and Finance

028559500 - 2020/07

RI:266.10 / NM:0.00

53rd Court Grp Hor	ne #9		Provider Number: 028559500				
(Sunrise) 10228 S.W. 53rd Court				Date: 7/28/2020			
				FYE: <u>6/3</u>			
Cooper City, FL 333	328		A	Audit Status: <u>Un</u>	audited Costs		
Provider Type: ICF/IID							
Level of Care #7 Institutional		Current Rate		New Rate	Effective Date		
		269.01		266.10	7/1/2020		
#8 Non-Ambi	ulatory & #9 Medical	0.00		0.00	7/1/2020		
Rate Type:							
Interim		Х	Prospectiv	e			
	Total Interim		_ X	Total Prospective	Э		
	Interim Component			Prospective Adju	sted for New Cost		
	Settlement Based on C	osts					
Comments:							
<u>Distribution:</u> Contract Management			W.Ryde	ell Samuel	<		
DPODS - DCF (4)			Medica	id Cost Reimburser	nent Analysis		
Home Office:							
Sunrise Community, Inc.							
9040 Sunset DriveSuite	70-A						
Miami, FL 33170							
			_	or Information only	No Chango in rato		



Office of Medicaid Cost Reimbursement Planning and Finance

028560900 - 2020/07 RI:275.97 / NM:0.00

2727 Mahan Drive - Mail Stop 23

55th Court Grp (Sunrise)	Home #15		Provider Number: 028560900 Date: 7/28/2020			
8430 S.W. 55th		FYE: 6/30/2019				
Davie, FL 33320			А	Audit Status: Unaudited Costs		
Provider Type: ICF/						
Level of Care		Current Rate	New Rate		Effective Date	
#7 Institutional #8 Non-Ambulatory & #9 Medical		279.23		275.97	7/1/2020	
		0.00		0.00	7/1/2020	
Rate Type:						
Inter	im	X	Prospective	•		
	Total Interim		X	_ Total Prospective	e	
	Interim Component			Prospective Adju	sted for New Cost	
	Settlement Based on C	osts				
Comments:						
Distribution:				- JA	2	
Contract Manageme	ent		W.Rydel	l Samuel		
DPODS - DCF (4)		Medicaio	d Cost Reimbursen	nent Analysis		
Home Office:					•	
Sunrise Community	, Inc.					
9040 Sunset DriveS	uite 70-A					
Miami, FL 33170						
			Fo	r Information only	- No Change in rate	



Office of Medicaid Cost Reimbursement Planning and Finance

028561700 - 2020/07 RI:285.15 / NM:0.00

Provider Number: 028561700

2727 Mahan Drive - Mail Stop 23

wentworth Drive	Grp nome					
#18 (Sunrise) 18711 Wentworth Drive			Date: 7/28/2020 FYE: 6/30/2019			
Provider Type: ICF/IID)					
		Current		New	Effective	
Level of Care	<u>-</u>	Rate		Rate	Date	
#7 Institution	onal -	287.55		285.15	7/1/2020	
#8 Non-Am	bulatory & #9 Medical	0.00		0.00	7/1/2020	
Data Turas						
Rate Type: Interim		X	Prospective			
	Total Interim		X	Total Prospective	e	
	Interim Component			Prospective Adju	sted for New Cost	
	Settlement Based on C	osts				
Comments:						
<u>Distribution:</u> Contract Management			W.Rydell	Samuel	2	
DPODS - DCF (4)			Medicaid Cost Reimbursement Analysis			
Home Office:						
Sunrise Community, In	ic.					
9040 Sunset DriveSuit	e 70-A					
Miami, FL 33170						
			For	Information only	- No Change in rate	



Office of Medicaid Cost Reimbursement Planning and Finance

028565000 - 2020/07

RI:374.01 / NM:474.20

For Information only - No Change in rate

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Lakeview Court			Provi	der Number: 02	
920 W. Kennedy Blvd Date: <u>7/28/2020</u>					
Orlando, FL 32810				FYE: <u>11</u>	/30/2018
			,	Audit Status: <u>U</u> r	naudited Costs
Provider Type: ICF/IID					
		Current		New	Effective
Level of Care		Rate		Rate	Date
#7 Institutional		383.64		374.01	7/1/2020
#8 Non-Ambulatory & #	9 Medical	490.42		474.20	7/1/2020
Rate Type:					
Interim		Х	Prospectiv	ve	
Total Int	erim		X	Total Prospecti	ve
Interim (Component			— Prospective Ad	justed for New Cost
Settleme	ent Based on Co	sts			
Comments:					
<u>Distribution:</u>				-1	R
Contract Management			W.Ryd	ell Samuel 🥖	
DPODS - DCF (4)			Medica	id Cost Reimburse	ement Analysis
Home Office:					,
DSI					
P.O. BOX 2064					

Winter Park, FL 32790



Office of Medicaid Cost Reimbursement Planning and Finance

028566800 - 2020/07

RI:361.86 / NM:444.94

For Information only - No Change in rate

Washington Square 1401 North U.S. Highway 1 Titusville, FL 32796 Provider Type: ICF/IID Level of Care #7 Institutional #8 Non-Ambulatory & #9 Medical		Current Rate 369.41 457.22	FYE:		028566800 7/28/2020 11/30/2018 Unaudited Costs Effective Date 7/1/2020 7/1/2020	
	_					
Rate Type:						
Interir	n	X	Prospective			
	Total Interim		X	Total Prospe	ective	
	Interim Component			Prospective -	Adjusted for New Cost	
	Settlement Based on Co	osts				
Comments:						
<u>Distribution:</u>				-	R	
Contract Managemer	nt		W.Rydel	Samuel	PU	
DPODS - DCF (4)			Medicaio	Cost Reimbu	ursement Analysis	
Home Office:					•	
DSI						
P.O. BOX 2064						
Winter Park El 327	90					



Office of Medicaid Cost Reimbursement Planning and Finance

028567600 - 2020/07

RI:361.36 / NM:450.46

For Information only - No Change in rate

Howell Branch Court 3664 Howell Branch Road Winter Park, FL 32792 Provider Type: ICF/IID		Provider Number: 028567600 Date: 7/28/2020 FYE: 11/30/2018 Audit Status: Unaudited Costs			
Level of Care	Current Rate	New Rate	Effective Date		
#7 Institutional	368.84	361.36	7/1/2020		
#8 Non-Ambulatory & #9 Medical 460.09		450.46	7/1/2020		
Rate Type:					
Interim	X F	rospective			
Total Interim		X Total Prospectiv	е		
Interim Comp	onent	Prospective Adju	usted for New Cost		
Settlement Ba	ased on Costs				
Comments:					
Distribution: Contract Management DPODS - DCF (4) Home Office:		W.Rydell Samuel Medicaid Cost Reimburser	ment Analysis		
DSI					
P.O. BOX 2064					
Winter Park, FL 32790					



Office of Medicaid Cost Reimbursement Planning and Finance

028568400 - 2020/07 RI:299.82 / NM:0.00

Provider Number: 028568400

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

157th Terrace (Sunri	se)		Provider Number: 028568400				
9790 S. W. 157th Terr	-			Date: 7/28/2020			
Miami, FL 33157				FYE: 6/30/2019			
			A	udit Status: Una	audited Costs		
Provider Type: ICF/IID							
Level of Care		Current Rate		New Rate	Effective Date		
#7 Institutional #8 Non-Ambulatory & #9 Medical		301.58	_	299.82	7/1/2020		
		0.00		0.00	7/1/2020		
Rate Type:							
Interim		Х	Prospective				
	Total Interim		_ x	Total Prospective	e		
	Interim Component			Prospective Adju	sted for New Cost		
	Settlement Based on Costs	3					
Comments:							
<u>Distribution:</u> Contract Management			W.Rydel	Samuel	2		
DPODS - DCF (4)							
Home Office:			Medicaid	Cost Reimbursen	nent Analysis		
Sunrise Community, Inc.							
9040 Sunset DriveSuite 70)-A						
Miami, FL 33170							
			Fo	r Information only	- No Change in rate		



Office of Medicaid Cost Reimbursement Planning and Finance

028569200 - 2020/07 RI:286.30 / NM:330.61

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

145th Stree	et Group Home		Provider Number: 028569200			
(Sunrise)			Date: 7/28/2020			
14935 S.W.	. 145th Street		FYE: 6/30/2019			
Miami, Fl 3	3196		A	udit Status: Una	audited Costs	
Provider Type	: ICF/IID					
Level of Care		Current Rate		New Rate	Effective Date	
		289.49	_	286.30	7/1/2020	
		334.10		330.61	7/1/2020	
Rate Type:	Interim	X	Prospective	9		
	– Total Interim	-	- 'X	Total Prospective	•	
	Interim Component			Prospective Adjust	sted for New Cost	
	Settlement Based on C	osts		_		
Comments:	-					
Distribution:				- W	2	
Contract Mana	agement		W.Ryde	ll Samuel		
DPODS - DCF (4)				d Cost Reimbursem	ont Analysis	
Home Office:			Medical	a Cost Reilliburseit	lent Analysis	
Sunrise Comn	nunity, Inc.					
	DriveSuite 70-A					
Miami, FL 33	170					
			F	or Information only .	· No Change in rate	



Office of Medicaid Cost Reimbursement Planning and Finance

031256800 - 2020/07

RI:371.72 / NM:466.52

For Information only - No Change in rate

Avon Park Cluster (Mentor)		Provider Number: 031256800			
55 East College Drive	Date:	7/28/2020			
_		FYE:	9/30/2019		
Avon Park, FL 33825			Unaudited Costs		
Provider Type: ICF/IID					
Level of Care	Current Rate	New Rate	Effective Date		
#7 Institutional	365.25	371.72	7/1/2020		
#8 Non-Ambulatory & #9 Medical	472.23	466.52	7/1/2020		
Rate Type:					
Interim	X	Prospective			
Total Interim		X Total Prospe	ective		
Interim Component		Prospective	Adjusted for New Cost		
Settlement Based on Co	sts				
Comments:					
Distribution					
Distribution:			JK.		
Contract Management		W.Rydell Samuel	<i>P</i> V		
DPODS - DCF (4)		Medicaid Cost Reimbo	ursement Analysis		
Home Office:					
National Mentor Healthcare, LLC					
3258 Parkside Center Circle					
Tampa FL 33619					



Office of Medicaid Cost Reimbursement Planning and Finance

031257600 - 2020/07

RI:346.49 / NM:425.38

For Information only - No Change in rate

Eagle Watch Cluster (Mentor)		Provider Number: 031257600 Date: 7/28/2020		
1725 Fifth Street				
Daytona Beach, FL 32117		FYE:	9/30/2019	
		Audit Status:	Unaudited Costs	
Provider Type: ICF/IID				
Level of Care	Current Rate	New Rate	Effective Date	
#7 Institutional	363.17	346.49	7/1/2020	
#8 Non-Ambulatory & #9 Medical	445.96	425.38	7/1/2020	
_	440.00			
Dete Times				
Rate Type: Interim	X	Prospective		
Total Interim		X Total Prospe	active	
Interim Component		·	Adjusted for New Cost	
Settlement Based on C	nsts		rajusted for New Cost	
Comments:				
Distribution:			TK.	
Contract Management		W.Rydell Samuel	Ø)	
DPODS - DCF (4)		Medicaid Cost Reimbu	reement Δnalveis	
Home Office:		Medicald Cost INEIIIDC	nsoment Analysis	
National Mentor Healthcare, LLC				
3258 Parkside Center Circle				
Tampa, FL 33619				



Office of Medicaid Cost Reimbursement Planning and Finance

031258400 - 2020/07

RI:338.50 / NM:424.43

For Information only - No Change in rate

Point West	Cluster	(Mentor)		Provider Number: 031258400				
4550 Ricke		,			Date: 7/28/2020			
Jacksonville		210			FYE: 9/30/2019			
Odoksonviik	J, I L JZZ	-10			Audit Status: Un	audited Costs		
Provider Type	e: ICF/IID							
Level of Care			Current Rate		New Rate	Effective Date		
#7 Institutional 354.27 #8 Non-Ambulatory & #9 Medical 441.72		354.27		338.50	7/1/2020			
			424.43	7/1/2020				
Rate Type:								
	Interim		X	Prospectiv	ve			
		Total Interim		X	Total Prospectiv	re		
		Interim Component			Prospective Adj	usted for New Cost		
	-	Settlement Based on C	osts		_			
Comments:				,				
Distribution:						7		
Contract Man	agomont			\A/ DI	A			
	_			w.Rya	ell Samuel			
DPODS - DCI	F (4)			Medica	aid Cost Reimburse	ment Analysis		
Home Office:								
National Ment								
3258 Parkside		rcle						
Tampa, FL 3	3619							



Office of Medicaid Cost Reimbursement Planning and Finance

031259200 - 2020/07

RI:366.48 / NM:461.91

For Information only - No Change in rate

	Provider Number: 031259200			
	Date: 7/28/2020			
	FYE:	FYE: 9/30/2019		
	Audit Status:	Unaudited Costs		
Current Rate	New Rate	Effective Date		
387.58	366.48	7/1/2020		
8 Non-Ambulatory & #9 Medical 477.89 461.91		7/1/2020		
Χ	Prospective			
	 X Total Prospe	ective		
onent	Prospective	Adjusted for New Cost		
ased on Costs				
		ア		
	W.Rydell Samuel	PU		
	Medicaid Cost Reimbu	rsement Analysis		
		•		
	Rate 387.58 477.89 X onent	Current Rate Rate 387.58 366.48 dical X Prospective X Total Prospective ased on Costs		



Office of Medicaid Cost Reimbursement Planning and Finance

031260600 - 2020/07

RI:347.38 / NM:431.14

For Information only - No Change in rate

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Kimbola Ob	rator (Marston)		Provider Number: 03	1260600		
Kinkaid Cluster (Mentor)			Date: 7/28/2020			
5808 Kinkai			FYE: 9/30/2019			
Jacksonville	e, FL 32244					
			Audit Status: Un	audited Costs		
Provider Type:	: ICF/IID					
Level of Care		Current Rate	New Rate	Effective Date		
#7 Institutional		348.14	347.38	7/1/2020		
#8 Non-Ambulatory & #9 Medical		431.65	431.14	7/1/2020		
	-					
Data Tura						
Rate Type:	Interim	X	Dragnostiva			
	Total Interim		Prospective X Total Prospective	•		
			·			
	Interim Component Settlement Based on C	ooto	———— Prospective Adju	usted for New Cost		
	Settlement Based on C	USIS				
Comments:						
				_		
<u>Distribution:</u>			H	Z .		
Contract Mana	agement		W.Rydell Samuel 🖊			
DPODS - DCF	(4)		Medicaid Cost Reimburse	ment Analysis		
Home Office:				•		
National Mento	or Healthcare, LLC					
3258 Parkside	Center Circle					



Office of Medicaid Cost Reimbursement Planning and Finance

031261400 - 2020/07 RI:400.97 / NM:509.77

For Information only - No Change in rate

2727 Mahan Drive - Mail Stop 23

GOD WE TRUS	/ I aliana	ssee, Florida 32308			
Flamingo D	Drive Cluster		Provider Number: 031	261400	
(Mentor)			Date: 7/28/2020		
1285 Flamir	ngo Drive		FYE: 9/30)/2018	
Lantana, FL	33462		Audit Status: Unaudited Costs		
Provider Type	: ICF/IID				
Level of Care		Current Rate	New Rate	Effective Date	
#7	Institutional	395.53	400.97	7/1/2020	
#8 Non-Ambulatory & #9 Medical		518.60	509.77	7/1/2020	
	-				
Rate Type:					
	Interim	Х Р	rospective		
	Total Interim		X Total Prospective		
	Interim Component	_	Prospective Adjus	sted for New Cost	
	Settlement Based on C	costs			
Comments:					
Comments.					
Distribution:			W		
Contract Mana	agement		W.Rydell Samuel		
DPODS - DCF	= (4)		Medicaid Cost Reimbursem	ent Analysis	
Home Office:					

Printed on: 7/28/2020 1:11 PM,Batch ID: 0YROA , User ID: FDHC\berryal

National Mentor Healthcare, LLC 3258 Parkside Center Circle



Office of Medicaid Cost Reimbursement Planning and Finance

031262200 - 2020/07

RI:304.74 / NM:360.98

For Information only - No Change in rate

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Provider Number: 031262200 **Barranger Group Home** (Mentor) Date: 7/28/2020 9513 Barranger Drive FYE: 9/30/2018 Audit Status: Unaudited Costs Pensacola, FL 32514 Provider Type: ICF/IID Current Effective New Level of Care Rate Rate Date #7 Institutional 310.14 304.74 7/1/2020 #8 Non-Ambulatory & #9 Medical 367.32 360.98 7/1/2020 Rate Type: Prospective Interim Χ **Total Interim** Χ **Total Prospective** Interim Component Prospective Adjusted for New Cost Settlement Based on Costs Comments: **Distribution: Contract Management** W.Rydell Samuel DPODS - DCF (4) Medicaid Cost Reimbursement Analysis Home Office: National Mentor Healthcare, LLC 3258 Parkside Center Circle



Office of Medicaid Cost Reimbursement Planning and Finance

031263100 - 2020/07 RI:238.39 / NM:0.00

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Greenridge	e Group Home		Provider Number: <u>031263100</u>			
(Mentor)			Date: 7/28/2020			
222 Greenr	idge Road			FYE: 9/30	0/2018	
Pensacola,	FL 32514		Αι	udit Status: Una	udited Costs	
Provider Type	e: ICF/IID					
Level of Care		Current Rate		New Rate	Effective Date	
#7 Institutional #8 Non-Ambulatory & #9 Medical		242.70		238.39	7/1/2020	
		0.00		0.00	7/1/2020	
Rate Type:						
71	Interim	Χ	Prospective			
	Total Interim		X	Total Prospective		
	Interim Component			Prospective Adjus	sted for New Cost	
	Settlement Based on Co	osts		_		
Comments:						
<u>Distribution:</u> Contract Man	agement		W.Rydell	Samuel		
DPODS - DC	F (4)		Medicaid	Cost Reimbursem	ent Analysis	
Home Office:						
National Ment	tor Healthcare, LLC					
3258 Parkside	e Center Circle					
Tampa, FL 3	3619					
			Fo	r Information only -	No Change in rate	



Office of Medicaid Cost Reimbursement Planning and Finance

031264900 - 2020/07

RI:371.07 / NM:449.10

Pensacola Cluster (Mentor)		Provider Number: 031264900			
9460 S. University Parkway		Date: 7/28/2020			
Pensacola, FL 32515		FYE: 9/30/2018			
1 6/1546514, 1 2 62616		Д	udit Status: Un	audited Costs	
Provider Type: ICF/IID					
Level of Care	Current Rate		New Rate	Effective Date	
#7 Institutional	385.88		371.07	7/1/2020	
#8 Non-Ambulatory & #9 Medical	471.09		449.10	7/1/2020	
Rate Type:					
Interim	X	Prospective	е		
Total Interim		X	Total Prospectiv	е	
Interim Component			Prospective Adju	usted for New Cost	
Settlement Based or	n Costs		_		
Comments:					
<u>Distribution:</u>			H	Z	
Contract Management		W.Ryde	ll Samuel 🖊		
DPODS - DCF (4)		Medicai	d Cost Reimbursei	ment Analysis	
Home Office:				,	
National Mentor Healthcare, LLC					
3258 Parkside Center Circle					
Tampa, FL 33619					
		Fo	or Information only	- No Change in rate	



Office of Medicaid Cost Reimbursement Planning and Finance

031265700 - 2020/07

For Information only - No Change in rate

RI:338.98 / NM:400.76

WE I			
Caprona Group Home Provider Number: <u>031265700</u>			
(Mentor)	Date:	7/28/2020	
111 N.E Caprona Avenue		FYE:	9/30/2018
Port St. Lucie, FL 34983		Audit Status:	Unaudited Costs
Provider Type: ICF/IID			
Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	345.76	338.98	7/1/2020
#8 Non-Ambulatory & #9 Medical	420.87	400.76	7/1/2020
Rate Type:			
Interim	X	Prospective	
Total Interim		X Total Prospe	ective
Interim Component		·	Adjusted for New Cost
Settlement Based on C	costs	<u> </u>	,
Comments:			
Distribution:		-	R
Contract Management		W.Rydell Samuel	M
DPODS - DCF (4)		Medicaid Cost Reimbu	ursement Analysis
Home Office:			
National Mentor Healthcare, LLC			
3258 Parkside Center Circle			
Tampa, FL 33619			



Office of Medicaid Cost Reimbursement Planning and Finance

031266500 - 2020/07

RI:246.53 / NM:0.00

For Information only - No Change in rate

2727 Mahan Drive - Mail Stop 23 Tallahassee, Florida 32308

Provider Number: 031266500 **Rich Street Group Home** (Mentor) Date: 7/28/2020 2318 S.E. Rich Street FYE: 9/30/2019 Audit Status: Unaudited Costs Port St. Lucie, FL 34984 Provider Type: ICF/IID Current Effective New Level of Care Rate Rate Date #7 Institutional 248.37 246.53 7/1/2020 #8 Non-Ambulatory & #9 Medical 285.57 0.00 7/1/2020 Rate Type: Prospective Interim Χ **Total Interim** Χ **Total Prospective** Interim Component Prospective Adjusted for New Cost Settlement Based on Costs Comments: **Distribution: Contract Management** W.Rydell Samuel DPODS - DCF (4) Medicaid Cost Reimbursement Analysis Home Office: National Mentor Healthcare, LLC 3258 Parkside Center Circle



Office of Medicaid Cost Reimbursement Planning and Finance

031267300 - 2020/07

RI:341.17 / NM:424.63

Sandpiper Cluster (Mentor) 1000 East 14th Street				Provider Number: 031267300 Date: 7/28/2020		
Otdart, I L	00400		Audit Status: Unaudited Costs			
Provider Type	: ICF/IID					
Level of Care		Current Rate	New Rate		Effective Date 7/1/2020	
#7 Institutional #8 Non-Ambulatory & #9 Medical		345.80		341.17		
		427.91	424.63		7/1/2020	
Rate Type:						
	Interim	X	Prospectiv	/e		
	Total Interim		_ X	Total Prospective	е	
	Interim Component			Prospective Adju	sted for New Cost	
	Settlement Based on C	costs				
Comments:						
	or Healthcare, LLC e Center Circle			ell Samuel did Cost Reimburser		
- Tampa, I L 3			F	For Information only	No Chango in rate	